

PRESCHOOL DEVELOPMENTAL SCREENING PROGRAM
State Department of Health
1700 Lanakila Avenue, Room 210
Honolulu, Hawaii
Phone (808) 832-5675 Fax (808) 832-5680

PDSP FAX REFERRAL FORM
Request for Screening Services (Development & Behavior)

REFERRAL SOURCE _____ **Date:** ____/____/____

Office/Agency _____ **Phone** _____

Office/Agency address _____

Contact Person _____ **Phone** _____

CHILD'S NAME _____ **Date of Birth:** ____/____/____

Gender: ☐ M ☐ F **Age:** ____ Years ____ Months

Address _____

_____ **Zip code** _____ **Phone (home)** _____

Mother's Name _____ **Phone (work)** _____ **Phone (cell)** _____

Father's Name _____ **Phone (work)** _____ **Phone (cell)** _____

Reason For Referral _____

PARENT TO COMPLETE

Preschool Developmental Screening Program (PDSP) and the Referral Source (above)
may share information with each other to complete the screening. _____ Yes _____ No

My child may receive developmental/behavioral screening _____ Yes _____ No

Screening results may be shared with the Referral Source (above) _____ Yes _____ No

Parent/Legal Guardian Signature _____ **Date** _____

PLEASE FAX TO: (808) 832-5680

Call PDSP if you have any questions. HONOLULU: (808) 832-5675 For Neighbor Islands, use the government toll-free access numbers below and follow its directions to call Honolulu, or call PDSP Collect.

KAUAI: 274-3141 HAWAII: 974-4000 MAUI: 984-2400 MOLOKAI/LANAI: 1-800-468-4644